ENABLERS OF HELP-SEEKING FOR DEAF AND DISABLED CHILDREN FOLLOWING ABUSE AND BARRIERS TO PROTECTION: A QUALITATIVE STUDY

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ABSTRACT

Research internationally has highlighted the increased vulnerability of deaf or disabled children to abuse and the frequently inadequate response of services. However, first-hand accounts of deaf or disabled children have rarely been sought. This paper reports selected findings from one of the first studies exploring deaf and disabled children's experiences of help-seeking following maltreatment. Innovative and sensitive research methods were employed to support ten deaf or disabled people (children and adults) to take part in guided conversations. The study identifies three enablers of help-seeking of deaf or disabled children: the capacity of adults to detect abuse and respond to disclosures, supportive relationships or circumstances which facilitate disclosure; and, for Deaf children, access to registered interpreters. Barriers to protection related to these are also discussed. Recommendations directed at policy makers, practitioners and families include: education and awareness raising amongst practitioners, children, parents and carers; addressing deaf and disabled children's social isolation; providing comprehensive support services that address the needs of the child holistically; ensuring the voice of the child is heard; routine access to registered interpreters for Deaf children within mainstream and specialist services and measures to address disablism at a local and institutional level.

KEY WORDS: disabilities, child abuse, prevention of child abuse, child protection

INTRODUCTION

There are an estimated 950,000 disabled children (as defined by the Disability Discrimination Act) living in the United Kingdom, approximately 7.3% of British children (Blackburn et al. 2010). Article 16 of the UN Convention on the Rights of Persons with Disabilities mandates policymakers to 'take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse…' (UNCRPD Article 16 2006). However, research indicates that deaf and disabled children continue to experience a three to four-fold increased risk of abuse compared to their non-disabled peers (Sullivan & Knutson 2000; Jones *et al.* 2012). The nature of the abuse experienced by disabled children may differ from that experienced by non-disabled children; it may start at an earlier age (Sullivan& Knutson 2000), be more violent (Akbas *et al.* 2009) and affect boys disproportionately (Sobsey et al 1997; Sullivan & Knutson 2000; Kvam 2004). The prevalence is higher for those with certain types of impairment including behavioural disorders, learning disabilities, sensory impairments and concentration problems (Sullivan & Knutson 2000; Kvam 2004).

Disabled children are less likely to disclose abuse and more likely to delay disclosure than their non-disabled peers (Hershkowitz *et al.* 2007). Barriers to accessing appropriate support include variations in the thresholds that trigger a child protection response where disabled children are involved (Cooke & Standen 2002; Ofsted 2012), lack of confidence amongst child protection practitioners working with children with communication impairments (Stalker *et al.* 2010; Taylor *et al.* 2014) and a failure to seek disabled children's views (Miller & Brown 2014). Lack of specialist knowledge regarding cultural or developmental issues relevant to Deaf children can also act as a barrier to protection (Young *et al.* 2009).

Societal attitudes and assumptions about disability continue to disempower disabled children (assigning low status and encouraging passivity) and impact upon their confidence and self-

esteem when it comes to disclosure (Sobsey, 1994; Briggs 2006). A lack of effective sex and relationships education for deaf children and children with special educational needs, as well as a lack of personal safety skills education for disabled children have also been identified as barriers to protection (Suter *et al.* 2009; Franklin et al, 2015). Other concerns include a reluctance to believe that disabled children are abused and a minimisation of harm done (Westcott & Cross 1996), myths in relation to the sexual abuse of disabled children (Marchant 1991; Taylor *et al.* 2015) and the possibility that a child's impairment could mask child protection concerns (Murray & Osborne 2009; Ofsted 2009).

The UN Convention on the Rights of the Child (UNCRC) asserts that children have the right to be able to express their views on matters affecting them and those views should be given due weight (UNCRC Article 12 1989). To date, however, very little research has been undertaken in which disabled children have been asked about their experiences of abuse and/or the child protection system. Some studies of disabled children's broader life experiences have uncovered accounts of abuse (Morris 1995) and some studies of children's experiences of risk, abuse, exploitation or help-seeking have uncovered issues relating to disabled children (Briggs 2006; Cossar *et al.* 2011; Allnock & Miller 2013; Berelowitz *et al.* 2013). This paper reports the findings of one of the first studies exploring abused deaf and disabled children's views and experiences of child protection services in the UK. It was commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC).

The study draws upon the social model of disability and makes a distinction between 'impairment', that is, lost or limited functioning experienced by an individual, and 'disability', the barriers that people with impairments face because of the way societies are structured (UPIAS 1976). Following Thomas' (2004; 2007) social relational understanding of disability, we recognise the significance of 'impairment effects', meaning the day-to-day impact of living with particular conditions. For example, some disabled children have restricted speech and/or language; others have profound intellectual impairments which limit their understanding. People may use such impairment effects to exploit the child, an act of *disablism*. In this paper we use the term 'deaf and disabled' to include all individuals who are either deaf or disabled and those who identify as both deaf and disabled. When making reference to a broad population of deaf people we use lower case 'deaf' but when specifically referring to an individual who uses sign language as their first or preferred language, and for whom being Deaf is akin to a cultural-linguistic identity, we use upper case 'Deaf'. Throughout the paper we use the term 'abuse' to denote all forms of abuse and neglect. When referring to individual circumstances, specific types of abuse are identified where appropriate. The term 'children' is used for brevity to refer to all children and young people aged 0-17.

Aims of the Research

The research aimed to better understand the experiences of abused deaf and disabled children and identify enablers and barriers, in terms of disclosure, recognition and response, within the child protection system. The study addressed four main research questions:

1. What are deaf and disabled children's experiences of seeking help about current or past abuse and what are their views and experiences (if any) of child protection systems across the UK?

2. What enablers of protection exist for deaf and disabled children?

3. What barriers to protection exist and how do these impact on deaf and disabled children?

4. How can practitioners better recognise signs of abuse in deaf and disabled children and provide more effective protection?

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The paper is organised around enablers of help-seeking identified by participants whilst at the same time documenting the significant barriers to protection encountered by disabled children. The category 'help-seeking' includes any attempts by a deaf or disabled child to reach out for help to address the abuse. By focusing on help-seeking by the child, we do not suggest that the onus for tackling abuse should be on children. Rather we believe that the primary responsibility for identifying and addressing abuse lies with adults. However, a more proactive approach by adults is not always part of abused children's experiences and, therefore, it is important to explore their help-seeking strategies and the outcomes of these.

RESEARCH METHODS

The fieldwork took place between 2013-14. Interviews were conducted with children and adults abused in childhood, including some who came into contact with child protection services and some who did not. The definition of a referral having been made and recorded by the relevant statutory services was based on the participant's recollection; this was not something we were in a position to verify. Our starting point was always to acknowledge the participant's perception of events. Due to the very sensitive nature of the study, a comprehensive ethics protocol was developed informed by ethical guidelines from the British Sociological Association, the Medical Research Council and the UK Research Integrity Office. We received ethical approval from the independently chaired NSPCC Research Ethics Committee and that of (insert author institution).

Deaf and disabled people were invited to take part in a 'guided conversation' (Kvale 1996), a semi-structured interview that addressed pre-set questions but allowed the participant to direct the focus of the interview. The research team's previous experience of conducting research with disabled children highlighted the importance of offering a subsequent meeting in order to allow full participation and meet access requirements (Connors & Stalker 2003). However, only two participants took up this option.

Research materials were made available in a range of accessible formats and interview techniques were adapted to meet the participants' communication needs. The research team received guidance on various aspects of the study, including development of data collection instruments, from the research advisory group and young advisors who had been involved from the proposal stage.

A 'dialogic approach' was used to promote participant empowerment in giving informed consent. Research by Pollard et al. (2009) suggested that showing Deaf sign language users a video of a signed conversation between two Deaf native sign language users about what informed consent really means, is a culturally appropriate and effective way of passing on key concepts and information to Deaf sign language users. Such a video was developed with a voice-over narrative for those unable to access the signed content.

One of two research team members met with each participant. Both have extensive experience of interviewing deaf and disabled people. One, a native British Sign Language (BSL) user, interviewed participants from the Deaf community. Registered BSL/English interpreters also worked with the team and interpreted interviews with participants who did not use BSL. Both the research team and interpreters participated in a bespoke interviewer training course developed and delivered by senior staff at (insert organisation), focusing on child protection research and interviewing deaf and disabled people. A child protection policy was developed for the study, with clear referral pathways and a debrief for interviewers and interpreters was offered recognising the potential for vicarious trauma (Taylor et al., 2016). A

more detailed account of the research process is presented in the full report of the study (Taylor *et al*. 2015).

Recruitment

Recruiting vulnerable people is challenging for most researchers especially where the research topic is sensitive. A recent inquiry into child sexual exploitation in gangs and groups found that disabled people were largely '*hidden*' (Berelowitz *et al.* 2013). This was also the case for this study. Our aim was to recruit as wide-ranging a sample as possible, including men/boys and women/girls, with different types of impairment and ethnic backgrounds, from across the four nations of the UK. Establishing contact and building relationships is central to working with groups who find services less accessible. Considerable effort was put into reaching them including: flyers, information sheets and consent forms in different formats, a dedicated webpage with video clips, organisational newsletters, use of radio and social media, mailing lists and contact points. Over 340 organisations were contacted either by letter, email and/or telephone. While 17 people indicated a willingness to participate, around a third were not interviewed due to concerns regarding capacity to consent, emotional preparedness or possible negative implications for their mental health. Ultimately 10 deaf and disabled people took part in the study.

Data Analysis

With participants' consent, meetings were either audio or video recorded using a mini iPad (SIM-free). All recordings were transcribed and combined with interviewer notes to ensure that narratives reflected participants' stories as authentically as possible. Data were analysed using inductive coding methods (Ritchie & Spencer 1994) and interrogated both cross-sectionally and narratively (Mason 2002). Each member identified emerging themes from the data which were refined and developed further. Participants' accounts were anonymised, each participant being given a pseudonym. Where quotations are provided, the participants' age at interview is indicated as either adult (18 years or over) or child (under 18 years old).

FINDINGS
Overview of participants

Three of the participants were children, aged 12 or 13, at interview. Of the remaining seven participants, two were young people aged between 18 and 25 and five were over 25 when interviewed. There were three males and seven females. Six participants were located in Scotland, two in England and one each in Wales and Northern Ireland. One participant was from a minority ethnic community. One participant did not disclose his abuse to anyone as a child while the remaining nine either disclosed to at least one other person, with varying outcomes, or their abuse was detected in childhood.

Participants experienced a range of types of abuse including multiple forms. Seven participants experienced sexual abuse in childhood, six physical abuse, five emotional abuse and five neglect. In many cases this was recurrent abuse endured over several years. Abuse by a parental figure was experienced by six participants, including in one case foster parents and in another case, a parent's partner. One person was abused by a member of their extended family and another by a person whose relationship to the participant was undisclosed, though information provided during the interview suggested that this was also a family member. Two participants were abused by people within their local communities and one by both peers and a staff member from a residential school. In five cases abuse was perpetrated by more than one person.

Participants reported having a range of impairments or conditions. Five were Deaf and BSL users and an additional two were deaf and used speech. One participant had a longstanding

mental health condition. Two had learning disabilities, in one case related to an undiagnosed hearing condition treated later in childhood and in another, Attention Deficit Hyperactivity Disorder (ADHD). It was not our intention to recruit a representative sample of people based on impairment types but instead to ensure we included people with a range of experiences. It is noteworthy, however, that a substantial proportion of interviewees were deaf. This may be related to the fact that the research fellow working on the study is Deaf, providing access to networks of deaf people and offering some reassurance to potential participants and those assisting us with recruitment.

Enablers of help-seeking for deaf and disabled children following abuse and barriers to protection

For several children the cessation of abuse relied primarily on the child's own defensive strategies or avoidance of abusive behaviours or situations without the intervention of adults. For example, one woman explained that the abuse that she endured over a long period ended at age 14 when she resisted her father's sexual assaults. Four participants left the family home or foster home between the ages of 17 and 21 to remove themselves from abusive situations. While these examples challenge notions of disabled children as passive and lacking agency, they also raise considerable moral and ethical questions about the burden placed on children due to the inaction of adults. In addition, the effectiveness of these attempts at self-protection appeared to be short-lived. Leaving the family home introduced new risks to vulnerable young people living with the effects of abuse such as insecure housing and sexual exploitation.

Three main enablers of help-seeking by deaf and disabled children were evident from participants' accounts. These were the capacity of adults to detect abuse and respond to disclosures; the presence of supportive contexts and relationships to enable help-seeking; and access to registered BSL/ English interpreters for Deaf children. These are discussed next in the context of the significant barriers to protection encountered by disabled children.

The capacity of adults to detect abuse and respond to disclosures

Participants' accounts suggested two ways in which adults can play a key role in enabling protection through both the active detection of abuse and careful support of disclosures of abuse. Abuse was detected without a disclosure in the case of three participants. Two children neglected from birth came to the attention of child protection services in infancy and the long-term sexual abuse of one young man was detected at age 18 when the perpetrator was observed committing the offence by the police. Sadly, abuse was not detected by adults in the remaining seven cases despite its enduring and severe nature. This suggests that detection methods need to improve significantly to shift the burden away from children to disclose abuse.

Seven of the 10 participants reported disclosures of abuse in childhood to seek help (see Table one). They described 13 examples of disclosures in total made to teaching staff (n=3), school friends (n=2), mothers (n=2), foster mothers (n=2), a brother (n=1), an aunt (n=1), a neighbour (n=1) and a priest (n=1). Disclosure of abuse by a child was an effective enabler of protection for some children but not all. The disclosures were typically made in adolescence, several years after the abuse began. For example, a Deaf child who was groomed by a neighbour and sexually abused over a four year period explained that she felt disempowered and unable to seek help. However, when the abuse escalated and the neighbour threatened penetrative sex she disclosed the abuse to her mother who reported this to the police.

Table 1: Disclosures reported by deaf and disabled participants and outcomes

ID	Perpetrator	Disclosed to whom	Age of disclosure (age abuse began)	Did action lead to an investigation	Did action result in end of abuse
Sara	Family member	Teaching assistant	c. 13 (8)	Yes	No
Paul	Uncle	Friends	Unknown (8)	No	No
Tessa	Neighbour	Mother	11 (7)	Yes	Yes
Jamila	Father Community member	Friend & Teacher Foster mother	11 (unknown) 11 (4)	Yes Unclear	Yes NA*
Wendy	Father	Teacher Priest	7 (infancy) 13 (4)	No No	No No
Maggie	Mother and partner	Mother Neighbour Aunt	Unknown (0+) Unknown (0+) c. 15 (0+)	No No No	No No No
Liz	Foster father	Brother Foster mother	Teens (12) Teens (12)	No No	No No

* This was a disclosure of previous abuse that had ceased after the child moved to the UK from another country.

Disclosures relied both on children classifying their experiences as abusive and viewing themselves as worthy of help, conditions that were not always present. One man explained:

> …when I was growing up - over 10 years - I always thought, it was my fault because I didn't know. At the start, I didn't know but later, I realised he was actually abusing me. I didn't know how to tell. It was really difficult. I thought it was my fault... Paul (adult interviewee)

One further barrier to disclosure that featured as a recurring theme in participants' accounts was the poor understanding of what constitutes abuse amongst family members, the wider community and even the professionals with whom they came into contact. Even where clear disclosures were made by children, adults' responses were not always experienced positively, confirming fears for some that they would not be believed, were to blame for the abuse or were unworthy of help. Of the 13 disclosures in childhood described by participants, only two resulted in positive action leading to the abuse being stopped. Three cases of sexual abuse were investigated by the police resulting in one criminal conviction.

In addition to verbal disclosures, participants attempted to communicate their distress and seek help in non-verbal or indirect ways. Participants' accounts suggest that these attempts were largely unsuccessful. One woman expressed her frustration that her extremely challenging behaviour was not recognised as a sign of distress and an indication of the abuse she experienced from her foster carer. She said:

> The social workers should have thought why I was always so angry, why I was always behaving badly to the foster parents. Liz (adult interviewee)

One participant whose abuse began at age eight attempted suicide at around age nine. She was admitted as a psychiatric in-patient, but never felt she was given an opportunity to disclose her abuse:

> … when I first started showing signs of mental illness I think someone
> should have sat down and asked me why, 'cause it's not a normal thing for
> an 8 year old to do. Sara (adult interviewee)

This participant and others described instances of distress and anxiety being attributed to a child's impairment rather than being recognised and investigated as indicators of abuse.

Supportive contexts and relationships to enable help-seeking

Participants referred to adults who played an important role in listening to children and addressing or attempting to address their abuse. These adults included family members, a teaching assistant, a foster carer and a neighbour. The nature of the relationship with these individuals meant that children felt a degree of trust, enabling them to seek protection:

> I told no-one all these years and I met my [foster] carer and I felt I could
> trust her. I told her everything. She told [my social worker]. Jamila (child
> interviewee)

Peers can also have an important role providing support to children. Two participants disclosed abuse to school friends. In one case this led to a formal disclosure and investigation. In the other case, no further action resulted but the child felt unburdened to some degree, having shared the information. Another young woman was grateful to a friend for accompanying her to the police station when she was required to make a video statement to the police. Supportive relationships were, therefore, a key enabler of help seeking.

Unfortunately, social isolation and loneliness were a shared experience of participants, creating reduced opportunities for help-seeking or support. One explained:

> I was lonely with no friends from the street. I found it difficult to mix with the
> hearing children in the street. They left me out. Tessa (adult interviewee)

Such isolation also created vulnerability to abuse for this woman who was 'befriended' by an older neighbour in childhood. The man gained the child's trust by asking her to teach him basic sign language, part of a grooming process.

While participants reported an absence of friends, a range of professionals including social workers, health professionals and teachers were routinely involved in participants' lives. Yet it was notable that only three participants initially disclosed to professionals, in all cases to teaching staff. This apparent contradiction of high levels of contact between deaf and disabled children and social work, health and education professionals yet low levels of disclosure requires closer investigation. One possible explanation relates to the nature of the relationship and purpose of engagement between disabled children and professionals. In addition, situational factors appear to create opportunities for disclosure. For example, one child finally disclosed to a trusted adult following participation in a Personal and Social Education lesson regarding abusive relationships. Another child told a trusted neighbour about the neglect she was experiencing when a neighbour questioned her, having discovered her in the kitchen eating scraps of food left on the neighbour's dinner plates. This provided an opportunity for the adult to show concern and for the child to seek support. Both relational and situational contexts appear, therefore, to be important enablers of help-seeking.

Role of registered interpreters for Deaf children

Access to registered interpreters was highly valued by Deaf participants. They were seen as facilitators of disclosure and key to the investigation of abuse and, over time, relationships with interpreters became very strong. One participant reported that he was provided with an

interpreter at the police station. However, before the interpreter arrived he was supported by a police officer with basic signing skills. This support was very welcome:

> It was good to see a policeman who could sign. I felt comfortable straightaway. I felt a candle was being lit and felt warm. I was not frozen with worry ... When the qualified interpreter came, I felt more comfortable. It meant that I was able to give information with no communication problems. It went smoothly. Correct information was conveyed to the police. Paul (adult interviewee)

Deaf participants described a number of important additional roles that the interpreter took on, for example, being a confidante, a support, a means to avoid them having to tell their story repeatedly and, importantly, providing consistency across the various agencies with which they came into contact.

While the importance of the range of roles taken by the interpreter was stressed, this also raises some issues. For example, it is possible that in the absence of another supportive adult who is able to communicate effectively, Deaf children will naturally look to interpreters for support. These additional demands may mean that interpreters find themselves working outside the i boundaries prescribed by their registering bodies and respective Codes of Ethics and allows for the neutrality of the interpretation to be questioned should evidence be put before a court.

Access to registered interpreters was not consistent. The abuse of two Deaf participants was investigated by the police and these individuals were provided with access to a registered interpreter. Another participant relied on communicating with a child protection worker using pen and paper. A major concern raised by two deaf participants was the routine use of (abusive) parents or foster carers as facilitators of communication. This provided opportunities to conceal abuse.

DISCUSSION

This study has generated important data relating to the views and experiences of deaf and disabled children who experienced abuse as children. A particular strength was the involvement of a Deaf researcher. While the study faced significant recruitment challenges, her expertise enabled us to reach organisations and individuals that we would not otherwise have reached and allowed us to develop a more inclusive research process. The limitations of the study must be acknowledged. While some recurring themes about enabling factors in child protection work with deaf and disabled children can be identified, there may be specific barriers for children with particular types of impairment or conditions which this study could not adequately address, including children with visual or significant cognitive impairments. They may face particular situational and/or cultural risk factors and barriers to help-seeking; further research is needed to address their concerns.

The difficulties for children disclosing abuse are well known (Allnock & Miller 2013). Above all, participants' accounts are stories of courage and resilience in the face of extreme adversity. Our data show that recurrent abuse was experienced by deaf and disabled children over several years and that disclosures were typically made long after the abuse began. Previous research has indicated that disabled children are more likely to delay disclosure of abuse than non-disabled children for a number of reasons including lack of awareness of the abusive nature of their experience, fear of the consequences of disclosure, difficulties communicating the experience in a coherent way and reliance on the abuser for care (Hershkowitz *et al.* 2007). These barriers were also evident in our participants' accounts. However, some additional factors that may exacerbate the situation in the case of deaf and disabled children were also suggested including social isolation and the operation

of disablism. Isolation reduced children's opportunities to confide in trusted peers and adults. It is possible that such isolation (see also LTCAS 2010) also restricted access to peer conversations about acceptable and unacceptable adult behaviours, with the risk that abuse became seen as normative. It may also be the case that the damage to self-worth that deaf and disabled children experience may make them question their right to fair and equal treatment and freedom from abuse. Such a hypothesis fits well with Thomas's (2007) concept of 'psycho-emotional disablism'. This refers to the cumulative, damaging impact on an individual's self-worth of hurtful and hostile behaviours frequently directed at disabled people which, Thomas argues, create long-term 'barriers to being' or disruptions to one's identity or ontological security. This may partly account for the tendency amongst deaf and disabled children to feel a strong sense of blame (also a common experience among non-disabled abused children). The tendency on the part of professionals to associate behaviours, such as expressions of distress, with impairment rather than signs of abuse can also be framed as a manifestation of disablism.

Participants' accounts point to the importance of educating deaf and disabled children in order to enable them to identify abusive situations which may otherwise remain hidden. A study conducted with 12 teenagers with learning disabilities found they had limited awareness of issues relating to sex, such as consent or contraception, raising concern about personal safety (SHS Trust 2002). A New Zealand study by Briggs (2006) identified similar concerns amongst children with learning disabilities. While there are concerns about safety awareness for all children (McElearney *et al.* 2011), there can be a perception that disabled children are better protected by parents and other adults and, therefore, less awareness of potential risks (Taylor *et al.* 2015). Briggs (2006) identified that parents typically did not provide adequate child protection education for children with learning disabilities although the authors reported the benefits of such education in schools. This can be achieved in many ways including through peer support (Bethell 2003). Previous research suggests that it is important to build children's self-esteem and emotional well-being in order to promote their safety (Blake & Muttock 2004).Our data also suggest that some deaf and disabled children may feel more comfortable making an initial disclosure to another child. Therefore, support and education for the child *receiving* such a disclosure, as well as the child making such a disclosure, is necessary.

Raising children's awareness is important but should not be seen as the primary route to detection and prevention: this role must sit with adults. Our data strongly suggest that raising parents' or carers' awareness of the increased vulnerability of their deaf and disabled children is needed in order for them to protect children. Our data also suggest that the competence of professionals to act also needs to be strengthened. We found that it was possible for abused deaf and disabled children to be in close and regular contact with services and yet for abuse to go undetected. This echoes findings that some disabled children experiencing neglect in England had been using a range of services for a long time but professionals were slow to recognise their increased need (Ofsted 2012). While some research attention has been paid to the conditions that increase the likelihood of disclosure, less attention has been paid to the conditions that lead an adult to act or not to act on such a disclosure. Thomas's (2007) theory may also provide some explanation for a lack of action where disablism is at play. This may account for the tendency to disbelieve or fail to recognise deaf and disabled children's communications regarding abuse, to not recognise reported experiences as abusive and to minimise the seriousness of the abuse or its effects. This study also found that distress was assumed to be a manifestation of the child's impairment rather than having an external cause which again is suggestive of poor disability awareness or disablism.

While education strategies that increase knowledge and awareness of abuse among both children and adults will have an important role in recognising and addressing abuse, these are clearly inadequate alone. It was concerning that social isolation was a dominant feature

of participants' childhoods given that this is a well-recognised risk factor for abuse to both occur and go undetected (Stith *et al*. 2009; Berelowitz *et a*l. 2013). Although the mechanisms by which social isolation creates risk are poorly understood, there are some indications in the data of how this may work in relation to deaf and disabled children. Lack of contact with peers outside school may contribute to children developing relationships with adults who appear to have good motives but in fact do not. These relationships may go unchallenged or unquestioned. For example, parents of deaf and disabled children may see the adult's attention as supportive and providing temporary relief from potential challenges of parenting a child with additional needs. Social isolation was encouraged or enforced by some perpetrators in order to maintain their abusive behaviours and avoid detection. Taylor et al. (2014) report a similar connection made by practitioners between low visibility of disabled children in their local communities and low detection and disclosure of abuse. In contrast a key enabler of protection was the presence of supportive and trusting relationships. When asked, children generally express a preference to have a range of people whom they can approach to express concerns and seek help with problems, including peers and adults at home, in school, college or other services (Morgan 2004). Our data suggest that, as well as a range of supports, attention should also be paid to the creation of supportive contexts in which disclosures can be made and help sought.

The marginalisation of deaf and disabled children within formal services also emerged as a concern. As reported in previous research (Taylor *et al*. 2014, Stalker *et al*. 2010), practitioners sometimes rely on parents or carers to facilitate communication with deaf and disabled children or seek parents' views instead of children's. There are clear examples from our data of such practices enabling perpetrators to hide their abuse. Children have a right to have their opinions sought, but this is also a matter of safety. None of our participants mentioned having a professional advocacy service. Similarly, research exploring advocacy provision for children found a paucity of services for disabled children and those with mental health issues (Elsley 2010; Franklin and Knight, 2011). Professional interpreting and communication services should always be used when Child Protection professionals do not have the skills to communicate directly with the child or young person. The data demonstrate the highly skilled nature of the work undertaken by professionally registered interpreters working with vulnerable and abused children. Supporting such children with disclosures, investigations, court proceedings and therapeutic aftercare requires particular expertise. This will present challenges both in terms of recruitment and training of interpreters for such a role and supporting them in this very challenging work.

Much of what we have discussed so far relates to responses to abuse. It is also important to address the prevention of abuse of deaf and disabled children. This is a much under-researched area but our data would suggest that modest improvements in the quality of services available could have a substantial impact on children's vulnerability to harm. For example, more recreational and social activities would reduce isolation and, therefore, vulnerability. In addition, education of those who come into contact with and support deaf and disabled children through deafness and disability equality training and training in communication would also be of great value in preventative work. Recent research about support to families with disabled children across the UK has shown significant reductions and in some cases withdrawal of services, largely due to cutbacks in public expenditure (Wood 2012; Action for Children 2013; Stalker *et al*. 2015).

Conclusion

This study examined the experiences of deaf and disabled children and adults who faced abuse in childhood. Although participants had significant impairments, most were able to articulate their experiences eloquently and in detail with little support. Despite this, the difficulties they experienced securing help to end their abuse were great. For some other disabled children, the barriers will be even greater. For example, the study was not able to

access children or adults facing communication challenges other than BSL users yet this group are likely to face particular vulnerabilities and barriers to disclosing abuse.

Clearly, a number of challenges lie ahead if we are to address the abuse of children. While there is still much to be learned regarding risk factors experienced by deaf and disabled children in particular circumstances, this study offers some practical ways forward to enable help-seeking. These include education and awareness raising amongst practitioners, children parents and carers in relation to the protection of deaf and disabled children, addressing deaf and disabled children's social isolation, providing comprehensive support services that address the needs of the child holistically, ensuring the voice of the child is heard and routine access to registered interpreters for Deaf children within mainstream and specialist services. In order for these measures to be effective it is important that they are supported by a strong social and political commitment to prevent the abuse of deaf and disabled children. A positive way forward should include building a consensus amongst policymakers, practitioners, parents and children about what constitutes abuse of deaf and disabled children and how this manifests. Tackling disablism at both a local and institutional level must also be part of the solution.

References

Action for Children (2013) *The Red Book 2013. Children Under Pressure.* http://www.actionforchildren.org.uk/media/7562887/red-book-2013.pdf

Akbas, S., Turiaa, A., Karabekirolgu, K., Pazvantoglu, O., Kekskin, T., and Boke, O. (2009) Characteristics of Sexual Abuse in a Sample of Turkish Children With and Without Mental Retardation, Referred for Legal appraisal of the Psychological Repercussions. *Sexuality and Disability* **27**: 205-213.

Allnock, D. and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse.* NSPCC, London.

Berelowitz, S., Clifton, J., Firimin C., Gulyurtlu, S. and Edwards G. (2013) *If only someone had listened*. Office of the Children's Commissioner, London.

Bethell, J. (2003) *'Our Life, Our Say': An evaluation of a young disabled people's peer mentoring/support project*. Joseph Rowntree Foundation, York.

Blackburn C. M., Spencer, N. J and Read, J. M. (2010) Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey *BMC Pediatrics*, **10**:21

Blake, S. and Muttock, S. (2004) *PSHE and citizenship for children and young people with special needs. An agenda for action*. NCB, London.

Briggs, F. (2006) Safety Issues in the Lives of Children with Learning Disabilities. *Social Policy Journal of New Zealand* **29**, 43-59.

Cooke, P. and Standen P.J. (2002) Abuse and Disabled Children: Hidden Needs...? *Child Abuse Review* **11**, 1-18.

Connors, C. and Stalker, K. (2003) *The views and experiences of disabled children and their siblings: A positive outlook*. Jessica Kingsley, London.

Cossar, J., Brandon, M. and Jordan P. (2011) *'Don't Make Assumptions' Children's and Young People's Views of the Child Protection System.* Office of the Children's Commissioner, London.

Elsley, S. (2010) *Advocacy Makes You Feel Brave: Advocacy support for children and young people in Scotland.* Scottish Government. http://www.scotland.gov.uk/Publications/2010/01/07144331/0

Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barnardos, London.

Franklin, A and Knight, A. (2011) *Someone on our side: Advocacy for disabled children and young people*. The Children's Society, London.

Hershkowitz, I., Lamb, M.E. and Horowitz, D. (2007) Victimization of Children with Disabilities.
American Journal of Orthopsychiarty *77, 4, 629-635.*
Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet* **380**, 9845, 899-907.
Kvam, M.H. (2004) Sexual Abuse of Deaf Children. A Retrospective Analysis of the Prevalence and Characteristics of Childhood Sexual Abuse Among Deaf Adults in Norway. *Child Abuse and Neglect* **28**, 241-251.
SHS Trust (2002) *Real Choices: a participatory action research project involving young people with*
learning difficulties who are about to leave school. SHS Trust, Edinburgh.
Sobsey, D. (1994) *Violence and abuse in the lives of people with disabilities: The end of silent*
acceptance? Paul H. Brookes Publishing Co., Baltimore.
Sobsey, D., Randall, W. and Parrila, R.K. (1997) Gender Differences in Abused Children With and
Without Disabilities. *Child Abuse and Neglect* **21**, 701-720.
Stalker, K., Lister, P., Lerpiniere, J. and McArthur, K. (2010) *Child Protection and the Needs and Rights Of Disabled Children and Young People: A Scoping Study.* University of Strathclyde, Glasgow. http://disability-studies.leeds.ac.uk/files/library/stalker-Kirstens-booklet.pdf
Stalker, K., MacDonald, C., King, C., McFaul, F., Young, C. and Hawthorn, M. (2015) 'We could kid on that this is going to benefit the kids but no, this is about funding': Cutbacks in services to disabled children and young people in Scotland. *Child Care in Practice* **21**, 1, 6-21.
Stith, S.M., Liu, T., Davies, C., Boykin, E., Alder, M., Harris, J., Som, A., McPherson, M. and Dees, J. (2009) Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behaviour* **14**, 13-29.
Sullivan, P.M. and Knutson, J.F. (2000) Maltreatment and Disabilities: A Population-Based Epidemiological Study. *Child Abuse and Neglect* **24**, 10, 1257-1273.
Suter, S., McCracken, W. and Calam, R. (2009) Sex and relationships education: potential and challenges perceived by teachers of the deaf. *Deafness & Education International* **11**, 4, 211–220.
Taylor, J., Stalker, K., Fry, D., Stewart, A. (2014) *Disabled Children and Child Protection in Scotland: An investigation into the relationship between professional practice, child protection and disability* Scottish Government, Edinburgh.
Taylor, J., Stalker, K. and Stewart, A. (2015) Disabled Children and the Child Protection System: A Cause for Concern. *Child Abuse Review* DOI: 10./002/car.2386
Taylor, J., Cameron, A., Jones, C., Franklin, A., Stalker, K., & Fry, D. (2015). Deaf and disabled children talking about child protection. NSPCC, London.
Taylor, J.; Bradbury-Jones, C.; Breckenridge, J.; Jones, C.; Herber, O. (2016 in press). Risk of vicarious trauma in nursing research: A focused mapping review and synthesis. *J Clinical Nursing (acc Jan 2016)*
Thomas, C. (2004) Disability and Impairment, in J. Swain, S. French, C. Thomas and C. Barnes (eds) *Disabling Barriers, Enabling Environments*. 2nd Edition. Sage, London.
Thomas, C. (2007) *Sociologies of Disability and Illness. Contested Ideas in Disability Studies and Medical Sociology*. Palgrave Macmillan, Basingstoke.
Union of the Physically Impaired Against Segregation (1976). *Fundamental Principles of Disability*. UPIAS, London.
United Nations (1989) *Convention on the Rights of the Child*. New York, United Nations General Assembly. http://www.cirp.org/library/ethics/UN-convention/
United Nations (2006) *Convention on the Rights of Persons with Disabilities*. United Nations General Assembly, New York.

Westcott, H. and Cross, M. (1996) *This Far and No Further: Towards ending the abuse of disabled children.* Venture Press, Birmingham.

Wood, C. (2012) *Destination Unknown: Summer 2012.* DEMOS, London. http://www.demos.co.uk/files/Destination_Unknown_Summer_2012_-_web.pdf?1340294386

Young, A., Hunt, R., Oram, R. and Smith, C. (2009) *The Impact of Integrated Children's Services on the Scope, Delivery and Quality of Social Care Services for Deaf Children and Their Families.* National Deaf Children's Society, London. www.ndcs.org.uk/document.rm?id=4668